FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

	1394042
	OMB APPROVAL
	3235-0076



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

PARTICIPATION DEPOSIT AND LONG COMMAND
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DATE RECEIVED JNIFORM LIMITED OFFERING EXEMPTION Name of Offering check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) eMotion Media, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 7702 E. 91st Street, Suite 205 Tulsa, OK 74133 (918) 392-0888 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) (918) 392-0888 7702 E. 91st Street, Suite 205 Tulsa, OK 74133 Brief Description of Business Video, media services R 2 3 7007 Type of Business Organization corporation limited partnership, already formed other (please specify) business trust limited partnership, to be formed limited liability companyHOMSON FINANCIAL Month Actual or Estimated Date of Incorporation or Organization: 013 0 7 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) OK

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

1 of 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: **✓** Promoter Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) McMurray, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 7702 E. 91st Street, Suite 205 Tulsa, OK 74133 Check Box(es) that Apply: ✓ Promoter Beneficial Owner
Executive Officer
Director General and/or Managing Partner Full Name (Last name first, if individual) Pinell, Erick Business or Residence Address (Number and Street, City, State, Zip Code) 7702 E. 91st Street, Suite 205 Tulsa, OK 74133 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Beneficial Owner Executive Officer Director

General and/or
Managing Partner

Business or Residence Address (Number and Street, City, State, Zip Code)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (Last name first, if individual)

					B. 11	NFORMAT	ION ABOU	T OFFERI	NG		•	·	
1.	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is the minimum investment that will be accepted from any individual?									\$ <u>25,</u>	000.00		
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?				•••••••		Yes	No ⋉
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a stat or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of suc a broker or dealer, you may set forth the information for that broker or dealer only.									he offering, with a state			
Ful	l Name (Last name	first, if indi	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, Ci	ity, State, Z	Zip Code)	•	· · · ·				
Nar	ne of As:	sociated Br	oker or Dea	aler	· ·								
Stat	tes in Wh	iich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	•••••			***************************************			☐ All States	
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO: PA PR
Full	Full Name (Last name first, if individual)												
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						·
Nar	Name of Associated Broker or Dealer												
Stat	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************	***************************************		••••••	•••••••••			States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK Wi	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of As:	sociated Br	oker or De	aler									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)							States					
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount al sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, this box \sum and indicate in the columns below the amounts of the securities offered for exchange already exchanged.	check	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Deht	_{\$} 0.00	_{\$} 0.00
	Equity	\$ 0.00	\$ 0.00
	Common Preferred	***************************************	0.00
	Convertible Securities (including warrants)	<u>\$</u> 0.00	_ \$
	Partnership Interests	<u>\$</u> 0.00	
	Other (Specify Membership Interests)	<u>\$</u> 450,000.00	S150,000.00
	Total	<u>\$</u> 450,000.00	\$_150,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, in the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	dicate	Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>3</u>	§ 150,000.00
	Non-accredited Investors	<u>0</u>	\$_0.00
	Total (for filings under Rule 504 only)	3	\$ 150,000.00
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all sect sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior first sale of securities in this offering. Classify securities by type listed in Part C — Questic	to the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$ <u>0.00</u>
	Regulation A		\$ <u>0.00</u>
	Rule 504		\$ <u>0.00</u>
	Total	··········	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the in The information may be given as subject to future contingencies. If the amount of an expending the known, furnish an estimate and check the box to the left of the estimate.	isurer.	
	Transfer Agent's Fees] \$
	Printing and Engraving Costs		
	Legal Fees		\$ 6,000.00
	Accounting Fees		4 500 00
	Engineering Fees	[] \$
	Sales Commissions (specify finders' fees separately)		-]
	Other Expenses (identify) Filing fees - Oklahoma		\$ 250.00
	Total		8,250.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Queroceeds to the issuer."	Duestion 4.a. This difference is the "adjusted gross		\$441,750.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of t proceeds to the issuer set forth in response to Part 6	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	[\$ 100,000.00	\$_100,000.00
	Purchase of real estate			s
	Purchase, rental or leasing and installation of mach and equipment			
	Construction or leasing of plant buildings and facil	ities[\$	\$ <u></u> 25,000.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	e of securities involved in this s or securities of another		
	Repayment of indebtedness			
	Working capital			
	Other (specify): Marketing] \$	\$ 100,000.00
			\$	\$
	Column Totals	[\$ 100,000.00	\$ 341,750.00
	Total Payments Listed (column totals added)		□ \$ <u>44</u>	1,750.00
		D. FEDERAL SIGNATURE		
sigi	issuer has duly caused this notice to be signed by the u ature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commis-	sion, upon writter	e 505, the following request of its staff
Issu	er (Print or Type)	Signature	Date	····-
еM	otion Media, LLC	2000	3/13/0	\cap
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)		-
Bria	n McMurray	Managing Member		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned thorized person.
lssuer ((Print or Type) Signature Date
eMotion	n Media, LLC 3 3 3
Name (Print or Type) Title (Print or Type)
Brian N	McMurray Managing Member

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX l 2 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No AL ΑK AZAR CA CO CTDE DC FLGA Н ID IL IN IA KS ΚY LA ME MD MA ΜI MN MS

APPENDIX 2 3 İ Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Yes **Amount** No Amount MO MT NE NV NH NJ NM NY NC ND OH × Membership Int. \$150,000.0 0 OK 3 \$0.00 × OR PΑ RΙ SC SD TN TXUT VT VAWA WVWI

	APPENDIX								
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	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULO (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									